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TB CARE I

Zimbabwe

**Year 1
Quarterly Report
July 2011 - September 2011**

October 28th, 2011

Quarterly Overview

Reporting Country	Zimbabwe
Lead Partner	The Union
Collaborating Partners	WHO, KNCV
Date Report Sent	
From	Dr. B. Nyathi - Country Director
To	Dr Ruth Bulaya-Tembo
Reporting Period	July-September 2011

Technical Areas	% Completion
1. Universal and Early Access	65%
4. PMDT	21%
5. TB/HIV	75%
6. Health Systems Strengthening	96%
7. M&E, OR and Surveillance	62%
Overall work plan completion	64%

Most Significant Achievements

HIGHLIGHTS

Universal and Early Access

The 25 trainers trained in the 3rd quarter were active in all 5 provinces, with training a focus on the three "new" provinces ie Manicaland, Matebeleland North and Matebeleland South provinces. A total of 204 (136 females and 68 male) health workers from the 5 provinces were trained in TB and TB/HIV management and 29 (20 male and 9 female) in pediatric TB management with the financial and technical support of TB CARE. All the 5 provinces successfully conducted support supervision visits to all the 37 districts, and all the districts in turn conducted support supervision visits to selected peripheral primary health care centres. Overall, the cumulative completion rate for this Technical area area was 65%. Outstanding activities are planned to be completed in the first quarter of year 2.

Programmatic Management of drug resistant TB

The consultant completed preparation of the draft DRS protocol which now awaits finalization and submission to the Zimbabwe Medical Research Council by the NTP. The actual DRS did not commence mainly because proficiency testing of the National Reference Laboratory will not be complete until December 2011. The overall implementation status for PMDT stood at 21% by the end of the quarter. A key uncompleted activity was the development of PMDT training materials. The activity was delayed by the late completion of the MDR-TB guidelines on which the training materials are to be based. The guidelines have since been developed and training material development is now planned for the first quarter of year 2.

TB/HIV

TB/HIV

The highlights of the TB/HIV technical area were:

- a) the conduct of the international TB/HIV training course in Zimbabwe which attracted 29 participants (20 males, 9 females) from all 8 rural provinces and Chitungwiza city
- b) Infection control training of 148 health workers (31 males and 117 females)
- c) the attendance at an International training course on advanced TB infection control by two health workers (1 male and 1 female). The overall implementation status was at 75% with one activity cancelled and 3 carried over to Year 2.

Health Systems strengthening

The main highlight was the human resource assessment. This was carried out as a background to the development of HR strategic and implementation plans to be done in year 2. The following were the main findings: **1.** TB control is fully integrated in the health system and the National TB program has no control over the Human Resources **2.** The national TB program suffers from lack of clarity in the organizational structure affecting staff and program performance **3.** The current HR strategy of the MOHCW is in line with NTP's HR ambitions and could support these ambitions **4.** NTP is strongly donor dependent for funding of salaries, training and supervision **5.** Training systems and tools need to be developed and strengthened, for example training needs assessments, planning, quality curricula and training evaluation. **6.** Innovative learning approaches are needed to enhance training effectiveness and limit staff absence from work stations **7.** Currently NTP's collaboration with the MOHCW/ HR department is limited and needs to be strengthened **8.** Development of management skills at all levels is needed **9.** HRM systems need to be developed or strengthened; for example job descriptions, work planning and performance appraisal systems. Another highlight was the installation of internet services in 3 more provinces; 4 out of 5 provinces will now have access to internet services. Cumulative activity completion was 96%.

M&E, OR and surveillance

The highlights were **a)** conducting performance reviews at national level; in 4 out of 5 supported provinces; and in 20 review meetings involving 26 districts. Overall data indicated general improvement in performance indicators such as notification rates and pulmonary TB diagnoses with no sputum result **b).** Development of the data analysis and use guidelines was completed; the document is due to be piloted in the first quarter of year 2. **c).** The first ever operations research orientation course was conducted over 3 days for 11 provincial health workers. All participants developed an OR topic to be implemented in year 2 of TB CARE (one topic per province and main city). The cumulative completion rate was at 62% by the end of the quarter.

Overall work plan implementation status

The overall cumulative completion status of the plan was 64%. Despite the late commencement of implementation, most (59%) of the activities were completed, while 34% were carried over to TB CARE year 2 and 7% were cancelled due to changed priorities on the ground. An implementation plan has been developed to facilitate completion of the outstanding activities by the end of the first quarter of year 2.

Technical and administrative challenges

The TB programme is integrated into primary health care services at provincial and district levels. At these levels the Ministry of Health and Child Welfare workers have competing priority programs such as malaria and HIV/AIDS and other public health as well as clinical services. Scheduled TBCARE activities are often postponed in favour of what are considered more urgent activities. These factors, combined with the shortened implementation time due to delayed commencement resulted in inability to implement some of the activities.

Some activities, such as the drug resistance survey and programmatic management of drug resistant TB involve inputs from several technical and funding partners with different policies. This presents coordination challenges and delays in implementation.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	40	47
Number of MDR cases put on treatment	27	25

* January - December 2010 ** January - September 2011

Technical Area		1. Universal and Early Access					
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1.1	Increased TB case detection	Number of TB cases notified per 100,000 population	Numerator: Number of all TB notifications in the 5 demonstration provinces Denominator: Total population of the 5 demonstration provinces	340	370	308 Numerator (19,064) Denominator = 6,184,590 (Data for 3 districts are missing - will be submitted in due course).	The key activities that took place aimed at increasing case detection were: a). training in TB case management, b). provincial and district support supervision visits c). Review meetings at national , province and district levels A key challenge is the absence of an official and clearly funded national system for sputum collection and transportation to from health centres to laboratories. TB CARE has introduced a motorcycle-based sputum transport system, but this is currently confined to selected urban areas. Piloting in rural areas is planned for year 2.
1.2	Intensified TB patient treatment, supervision and support	Proportion of new sputum smear positive TB patients cured.	Numerator: Number of new sputum smear positive TB patients cured Demonator: Number of new sputum smear positive TB patients notified in the 5 demonstration provinces	63 (WHO, 2008, no data for 2009)	66	68% Numerator = 2974 Denominator= 4383 (Only 3 quarters, Oct 2010-June 2011)	Pulmonary TB cases without a sputum result have declined further as a result of training and support supervision Inadequate microscopy services. Lack of a clear policy on the use of biosafety cabinets. As a result some laboratory personnel refuse to do the examinations where biosafety cabinets are not provided or serviced. Lack of an official national sputum transport system

Technical Area	4. PMDT							
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
4.1	Magnitude of DR-TB in the country determined (baseline)	% of sputum positive PTB patients who have DR-TB	Numerator: number of sputum positive PTB patients who have DR-TB Denominator: total number of sputum positive PTB patients	TBD	TBD	1% (Jan - Sep) Numerator = 25 Denominator = 2463	Preparations for the DRS are in progress. The protocol has been drafted, with technical assistance from an external consultant. The survey is expected to start in 2012.	Laboratory proficiency testing is still outstanding. This has necessitated shifting of the timeframe for the starting of the actual DRS have been shifted from 2011 to 2012. The process involves inputs from several technical and funding partners with different policies. This presents coordination challenges and delays in implementation. is slow due to the many partners involved both technically and financially.
4.2	Functional national system for surveillance, diagnosis and treatment of DR TB patients in place	Proportion of notified TB cases tested for DR_TB	Number of notified new TB patients tested for DR TB Denominator: total number of TB cases notified.	Nil (WHO, 2008; No data for 2009)	TBD	Numerator = 152 Denominator = 9,041 (these data are for the period January through September 2011. data not available for Oct - Dec 2010)	National MDR-TB guidelines have been developed, and preparations for development of training materials for MDR-TB have commenced	DR-TB data are not systematically collected nationally. Preparations for the introduction of the PMDT, including the national reporting system for PMDT are in progress.

Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
						Y1		
5.1	Strengthened clinical management of TB/HIV coinfectd patients	Percent of TB patients, co-infected with HIV who are started ART	Numerator: Number of HIV positive TB patients started on ART Denominator: Total number of HIV positive TB patients notified.	28% (WHO, 2008, no data for 2009)	50%	38% Numerator: 3,759 Denominator: 9,850 (Only 3 quarters, Oct 2010- June 2011)	Ongoing training and support supervision on management of TB and HIV co-infected patients.	The recording and reporting system captures the ART access indicator at the time of TB cohort treatment outcome analysis, which is one year in retrospect. This indicator is therefore for the period before TB CARE. NTP has agreed to change to reporting ART uptake with case notification. Initiation of ART is done only by medical doctors and clinical officers, and there is inadequate staffing levels to meet the need. Discussion within the NTP indicates willingness by the program for task shifting to increase access to ART services, but this is not yet official policy.
5.2	Scaled up implementation of TB infection control in health care facilities	Proportion of provincial and district level health care facilities with a written infection control policy for TB that is consistant with national guidelines.	Numerator: Number of provincial and district level health care facilities with a written infection control policy for TB that is consistant with national guidelines. Denominator: Total number of provincial and district health care facilities evaluated	TBD	50%	85% Numerator: 35 Denominator: 41	Five infection control training sessions were conducted during the quarter under review - one per province. The training included development of infection control plans by 35 districts. A total of 148 health workers (31 males and 117 females) were trained.	There is no national infection control policy












Technical Area 6. Health Systems Strengthening








Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
6.1 TB service delivery standards, norms or guidance developed	Number of TB CARE technical areas where standards, norms or guidelines have been developed	Number of TB CARE technical areas with standards, norms and guidelines out of 9 TA's	5	7	6	MDR guidelines completed	Infection control guidelines still not completed after several years. Two health workers have recently completed an advanced international TB infection control course; this is expected to facilitate completion of the guidelines.








Technical Area 7. M&E, OR and Surveillance

Expected Outcomes	Outcome Indicators	application	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
7.1 TB recording and reporting data utilised for TB control management decisions	Proportion of quarterly R&R reports that indicate clearly major actions arising from the quarterly data	Numerator: Number of district quarterly reports that indicate clearly major actions arising from the quarterly data Denominator: Total number of district quarterly reports evaluated	0%	50%	43% Numerator: 16 Denominator: 37 (verbal assurances - reports yet to be received)	Local data use guidelines have been developed and these will be piloted in three districts before being rolled out to the entire country. A reporting template has been designed to facilitate reporting by peripheral health facilities.	Little local use of data for management. This will be addressed by rolling out the local data use analysis and use guidelines under preparation.
7.2 Evidence-based TB control interventions	Number of provinces with at least one operations research conducted	Numerator: number of provinces with at least one operations research conducted	0	2	All 11 commenced Nil completed	11 provincial health workers were trained to conduct operations research and started development of research protocols. Topics include: The maximum time that sputum samples can be kept at room temperature and still give reliable results; Risk factors for mortality in TB patients in Bulawayo City; State of TB control services in Hwedza district; Risk factors for delay in uptake of ART in TB/HIV coinfecting patients in Gwanda district; Risk factors for delays in sputum pathways; The magnitude and factors associated with failure in accessing treatment promptly in TB patients in Chegutu and Kadoma districts; Factors associated with low ART provision amongst TB/HIV patients in Midlands province; Characteristics of patients who transfer out in Mashonaland Central province; Role of TB culture in intensified case finding in HIV patients at an OI clinic; Risk factors for mortality in new smear positive TB patients initiated on TB treatment in Harare; Evaluation of voluntary community based support on TB/HIV program activities in Shurugwi district; The burden of TB IRIS in Harare City.	The next steps are: Protocol finalization; application for MRCZ approval; data management training; data collection; data analysis; writing workshop; dissemination of research findings.

Quarterly Activity Plan Report

Outcome 1.1	1. Universal and Early Access	Lead Partner	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
	Increased TB case detection				Month	Year	
1.1.1	Train trainers (TOT) in TB and TB/HIV management including child, TB in 5 provinces	The Union	23,621	 100%	May	2011	25 provincial trainers trained (5 per province). All provinces were rolling out the training at district level. A total of 20 males and 5 female trainers were trained
1.1.2	Train only health workers who have not yet benefited from previous training in TB and TB/HIV management and data use guidelines	The Union	372,281	 100%	Aug	2011	19 out of the planned 20 training workshops have been conducted in all provinces to date with emphasis Case management, DOT and local use of data. Total trained is 566(210 Males and 356 Females)
1.1.3	Provide transport system for sputum specimens in three cities(Harare, Bulawayo and Chitungwiza)	The Union	35,937	 100%	Sep	2011	Ongoing activity throughout the plan period. A total of 45652 samples were ferried to the lab of which 16855 were sputum specimens from October 2010 to June 2011. The couriers cover 56 clinics; 39 in Harare, 13 in Bulawayo and 4 Chitungwiza.
1.1.4	Introduce sputum transport system in 5 districts in the 5 provinces	The Union	56,775	 50%	Sep	2011	5 motorcycles were purchased but were not yet distributed to the beneficiary districts - delivered end of September and too late for distribution.
1.1.5	Provide emergency supplies of basic laboratory commodities to facilitate TB diagnosis	The Union	24,956	Cancelled	Sep	2011	This activity was cancelled. Emergency supplies not needed.
1.1.6	Print TB management training materials	The Union	6,239	 100%	Aug	2011	360 training books were printed and distributed during the TB Management trainings
1.1.7	Conduct training on Paediatric TB	The Union	15,822	 75%	Dec	2011	National training completed; 29 (20 male and 9 female) trained. Payment of course fees was done for the two candidates to attend International training in pediatric TB management in South Africa. The course itself will be held in November/December 2011.
1.1.8	Facilitate patient education and community awareness on TB and TB/HIV	The Union	8,423	 0%	Nov	2011	This activity was carried over to the next quarter
1.1.9	Promote best practices in TB case finding and case holding	The Union	5,615	 25%	Sep	2011	Model district turned out to have challenges and will be replaced.
1.1.10	Visit provincial teams to introduce TB CARE	The Union	1,872	 100%	Sep	2011	The 5 demonstration provinces were visited and the TB CARE implementation plan for year 1 was introduced; baselines and implementation modalities were agreed upon. Workplans were also agreed during this visit
1.1.11	Provide 2 computers for Union office use	The Union	2,496	 100%	Aug	2011	Purchased
1.1.12	Assess accessibility of TB case finding activities to disabled persons	The Union		 25%	Sep	2011	Still at planning stage. No specific budget.

Outcome 1.2	Intensified TB patient treatment, supervision and support	Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2.1	Support mobilization of community health workers to participate in community DOT and TB/HIV care work.	The Union	35,094	 0%	Dec	2011	This activity was carried over to Year 2
1.2.2	Production of TB job aides for community health workers	The Union	3,743	 25%	Aug	2011	This activity was carried over to Year 2
1.2.3	Provide incentives for community health workers involved in DOT and TB/HIV support work	The Union	6,239	 100%	Nov	2011	Materials ordered but are yet to be delivered.
1.2.4	Organise meetings for TB Coordinators to resolve case holding challenges	The Union	13,392	 0%	Nov	2011	This activity was carried over to Year 2
1.2.5	Support provinces to conduct post training support supervision visits	The Union	23,209	 100%	Aug	2011	All the 5 provinces conducted support supervision visits to the districts. Routine TB data was analysed and discussed with the supported districts. Major recommendations made were aimed at improving case finding, case holding, strengthening TB/HIV collaboration and local use of data for decision making. The provincial coverage was as follows: Midlands Province: 4 out of 8 districts Matabeleland South: 4 out of 7 districts Manicalands: 5 out of 8 districts Masvingo: 4 out of 7 districts Matabeleland North: 1 out of 7 districts
1.2.6	Support districts to conduct post training support supervision visits to peripheral health facilities	The Union	28,076	 100%	Aug	2011	All the 37 districts in the 5 provinces conducted this support supervision to peripheral health centres. A total of 639 health centres were reached out of 982. Major recommendations were aimed at improving case finding, improving sputum microscopy services, case holding, strengthening TB/HIV collaboration and local use of data for decision making .
				 65%			

4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome 4.1	Magnitude of DR-TB in the country determined (baseline)				Month	Year	
4.1.1	Provide a consultant during the TB Drug Resistance Survey (DRS) for the country	KNCV	57,096	 100%	Dec	2011	A draft DRS protocol was submitted to the NTP and the DRS committee.
4.1.2	Local technical support during DRS	WHO	3,390	 25%	Dec	2011	A consultant was engaged in June 2011 to assist with the preparatory phase, this phase has been further extended. The timeframes for the starting of the actual DRS have been shifted as the lab needs up until December 2011 for proficiency testing. According to the new roadmap, preparations are expected to end by November 2011. Hence these funds might be utilized between now and December 2011.
Outcome 4.2	Functional national system for surveillance, diagnosis and treatment of DR TB patients in place	Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
4.2.1	Provide consultant during the development of training materials for the programmatic management of DR TB	WHO	23,052	 0%	Oct	2011	PMDT guidelines and Operational plans were finalized in August 2011. This was a prerequisite to the development of training materials. Now in the process of engaging a consultant to assist with the development of training materials for PMDT. This is now earmarked for November 2011
4.2.2	Review draft training materials	WHO	15,029	 0%	Nov	2011	Related to above
4.2.3	Pilot training materials	WHO	29,052	 0%	Nov	2011	Related to above
4.2.4	Finalise and print training materials	WHO	12,204	 0%	Feb	2012	Due to the delays in starting activities we now anticipate that stakeholders consultative meeting to review materials post pilot testing and printing of training materials will be done early 2012
				 21%			

5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome 5.1	Strengthened clinical management of TB/HIV co infected patients				Month	Year	
5.1.1	Introduce TB/HIV integrated care in provincial hospitals of the 5 provinces	The Union	18,283	Cancelled			This activity was cancelled in view of coming Pefar funding dedicated to integrated TB and HIV care
5.1.2	Facilitate visits to Integrated Health Care Facilities (Bulawayo and Mabvuku)	The Union	1,323	100%	Sep	2011	Bulawayo City integrated HIV care facilities were visited for learning purposes by health workers from the 5 provinces. Ten health workers participated in the visit.
5.1.3	Develop TB/HIV fact sheets	The Union	6,271	0%	Oct	2011	This activity has been carried over to year 2
5.1.4	Facilitate printing and distribution of the TB/HIV fact sheets	The Union	2,808	0%	Oct	2011	Linked to 5.1.3 above
5.1.5	Conduct International TB/HIV course in Zimbabwe	The Union	51,990	100%	Jul	2011	29 (20 Males, 9 Females) participants benefited in this training and these were drawn from all the provinces of the country.
5.1.6	International technical support	The Union	10,751	100%	Sep	2011	Technical support was provided by the Union TB CARE TB/HIV Coordinator
Outcome 5.2	Scaled up implementation of TB infection control in health care facilities	Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.2.1	Support infection control training and development of infection control plans	The Union	74,026	100%	Sep	2011	This activity was conducted in all the 5 provinces. Total 148 (31 males and 117 females) were trained
5.2.2	International training in advanced TB infection control	The Union	6,291	100%	Oct	2011	2 people were trained (1 male and 1 female). The beneficiaries were: 1 NTP employee and 1 TB CARE employee.
5.2.3	International technical support	The Union	11,283	100%	Sep	2011	Technical support provided
				75%			

6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome 6.1	TB service delivery standards, norms or guidance developed				Month	Year	
6.1.1	Facilitate International travel to The Union consultants meetings	The Union	13,726	100%	Sep	2011	Arrangements complete
6.1.2	Facilitate access to latest TB information	The Union	5,675	100%	Aug	2011	All arrangements complete. Await delivery of TB journals to provinces
6.1.3	Facilitate external technical assistance for programme management	The Union	76,787	100%	Sep		Completed
6.1.4	Facilitate development of Provincial TB Annual implementation plans for 2011	The Union	18,195	Cancelled			This activity was cancelled after plan development was included in the initial engagement of provinces
6.1.5	Provide technical assistance to assess the HR situation in the NTP	KNCV	29,354	100%	Sep	2011	HR assessment report, including a SWOT analysis of the HR situation in the NTP. Plan to develop the HR implementation plan 2012 - 2014 in year 2.
6.1.6	Provide technical assistance for costing of the national strategic plan	The Union	6,271	Cancelled	Sep	2011	Cancelled - alternative funding secured.
6.1.7	Revive the TB expert committee	The Union	3,918	100%	Sep	2011	The TB expert committee met once. Focus of discussion was the MRD draft guidelines.
6.1.8	Strengthen communication with provinces	The Union	12,977	75%	Aug	2011	All provinces have installed internet services except for Matabeleland South.
6.1.9	Overall program technical oversight	The Union	146,799	100%	Sep	2011	Services provided through head office
				96%			

7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome 7.1	TB recording and reporting data utilised for TB control management decisions				Month	Year	
7.1.1	Facilitate stakeholders meeting to review draft data use guidelines and recording and reporting tools	The Union	7,911	0%	Sep	2011	Postponed to Q1 of year 2, pending completion of guidelines.
7.1.2	Printing of data use guidelines	The Union	13,227	0%	Dec	2011	Linked to 7.1.1 above
7.1.3	Facilitate data analysis and report righting for performance review at national level	The Union	3,369	50%	Sep	2011	In progress. Continues into 2nd year
7.1.4	Facilitate data verification and validation	The Union	15,753	0%	Nov	2011	This activity was carried over to Year 2
7.1.5	Support districts to hold performance review meetings focusing on problem solving	The Union	212,925	100%	Sep	2011	4 district performance reviews were held for each province covering 26 districts out of the 37 districts in the 5 provinces.
7.1.6	Support Provinces to hold performance review meetings focusing on problem solving	The Union	118,291	100%	Oct	2011	4 out of 5 provinces conducted provincial review meetings. Matabeleland South Province did not conduct the meeting
7.1.7	Support annual national TB meeting	The Union	29,573	100%	Sep	2011	The meeting was conducted and it was cofunded with Global Fund.
7.1.8	Facilitate printing of the recording and reporting tools	The Union	2,808	0%	Nov	2011	Carried over to year 2
7.1.9	Provide for joint evaluation of the National TB Program	WHO	66,512	100%	Sept	2011	This activity is on course. Draft report in an advanced stage.
7.1.10	Engage local stakeholders in reviewing the National TB Control Programme	WHO	12,068	100%	Sept	2011	Activity completed. Review meeting was attended by representatives of all 8 rural provinces, 3 main cities, NGOs and partners in addition to Ministry of Health staff.
Outcome 7.2	Evidence-based TB control interventions	Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2.1	Health worker orientation on operations research and development of research agenda	The Union	9,889	100%	Aug	2011	11 provincial health workers (7 men and 4 women) were trained to conduct operations research and started development of research protocols.
7.2.2	Facilitate Continuing Medical Education (CME) in TB including presentation of research findings from local and international TB researchers	The Union	7,911	100%	Sep	2011	This activity was co-facilitated by a local partner
7.2.3	Support provinces to conduct operations research	The Union	19,029	50%	Sep	2011	Specialists from partner organisations were engaged to facilitate health workers trained on OR. Will continue into 2nd year.
				62%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
17/10/2011			1.1.5	Provide emergency supplies of basic laboratory commodities to facilitate TB diagnosis	The Union	\$0.00		Nil	n/a	n/a
17/10/2011			5.1.1	Introduce TB/HIV integrated care in provincial hospitals of the 5 provinces	The Union	\$0.00		Nil	n/a	n/a
17/10/2011			6.1.4	Facilitate development of Provincial TB Annual implementation plans for 2011	The Union	\$0.00		Nil	n/a	n/a
17/10/2011			6.1.6	Provide technical assistance for costing of the national strategic plan	The Union	\$0.00		Nil	n/a	n/a

* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget
Mission	PMU	USAID				
17/10/2011			1.1.8	Facilitate patient education and community awareness on TB and TB/HIV	The Union	22,098
17/10/2011			1.1.9	Promote best practices in TB case finding and case holding	The Union	4,500
17/10/2011			1.1.10	Visits to 5 demonstration provinces to introduce TB CARE and workplans	The Union	9,640
17/10/2011			1.2.1	Support mobilization of community health workers to participate in community DOT and TB/HIV care work	The Union	28,125
17/10/2011			1.2.2	Production of TB job aids for community health workers	The Union	3,000
17/10/2011			1.2.4	Organize meetings for TB Coordinators to resolve case holding challenges	The Union	10,733
17/10/2011			4.1.2	Local technical support during DRS	WHO	3,000

17/10/2011			4.3.1	Provide consultant during the development of training materials for the programmatic management of DR TB	WHO	20,400
17/10/2011			4.3.2	Review draft training materials	WHO	13,300
17/10/2011			4.3.3	Pilot training materials	WHO	25,710
17/10/2011			4.3.4	Finalise and print training materials	WHO	10,800
17/10/2011			5.1.3	Develop TB/HIV fact sheets	The Union	5,026
17/10/2011			5.1.4	Facilitate printing and distribution of the TB/HIV fact sheets	The Union	2,250
17/10/2011			7.1.1	Facilitate stakeholders meeting to review draft data use guidelines and recording and reporting tools	The Union	6,340
17/10/2011			7.1.2	Printing of data use guidelines	The Union	12,500
17/10/2011			7.1.3	Facilitate data analysis and report writing for performance review	The Union	2,700
17/10/2011			7.1.4	Facilitate data verification and validation	The Union	12,625
17/10/2011			7.1.8	Facilitate printing of the recording and reporting tools	The Union	2,250
17/10/2011			8.1.3	Support provinces to conduct operations research	The Union	15,400

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New	1. Universal and Early Access	Lead	Proposed
Mission	PMU	USAID	Code	Proposed New Activities	Partner	Budget*

* Detailed budget is attached

Quarterly Photos (as well as tables, charts and other relevant materials)



Primary health care centre TB Support Supervision : Tsholotsho district



Manicaland province Infection Control Training - Makoni district health workers developing infection control plans